

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE DIV.  
PM 1-22-08  
2008 JAN 24 AM 11:16

**COMMITTEE NAME** (Must be same as on Statement of Organization)

IOWA TURKEY FEDERATION PAC

**IMPORTANT:** Indicate by # type of committee you are reporting for: 2

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

**FORM**

**DR-2**

(Rev. 07/2007)

DISCLOSURE  
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

9743

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Sally A. Good

**SIGNATURE OF PERSON FILING REPORT**

515-232-7492

**TELEPHONE**

January 19, 2008

**DATE SIGNED**

I AM FILING A JULY 1 - DECEMBER 31, 2007

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

1,918.74

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

5,898.67

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL**

7,817.41

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

635.98

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

7,181.43

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

417.00

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWA TURKEY FEDERATION PAC

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11/05/2007	ID# CASH CK#	AARON COAKLEY 1185 HENRY WASHINGTON RD WAYLAND IA 52654		\$20.00	<input type="checkbox"/>
10/08/2007	ID# 6170 CK#	ALAN HERMANSON 12621 HILLCREST AVE STORY CITY, IA 50248		150.00	<input type="checkbox"/>
10/2/2007	ID# 1812 CK#	AUSTIN HERRIG 716 BARTON ST STORM LAKE, IA 50588		100.00	<input type="checkbox"/>
10/2/2007	ID# 359 CK#	BENJI ROTH 1462 HIGHWAY 78 WAYLAND, IA 52654		100.00	<input type="checkbox"/>
12/27/2007	ID# 158 CK#	BENJI ROTH 1462 HIGHWAY 78 WAYLAND, IA 52654		130.00	<input type="checkbox"/>
11/5/2007	ID# CASH CK#	BUNNY GEGG 1593 POND CURVE WACONIA, MN 55387		25.00	<input type="checkbox"/>
9/26/2007	ID# 4741 CK#	CAROL GRABER 3170 UNDERWOOD AVE CRAWFORDSVILLE, IA 52621		50.00	<input type="checkbox"/>
9/17/2007	ID# 6413 CK#	DALE JANS 2181 350TH STREET STANHOPE, IA 50246		200.00	<input type="checkbox"/>
09/26/2007	ID# 167 CK#	DALE SWANSON 19509 630TH AVENUE NEVADA, IA 50201		50.00	<input type="checkbox"/>
11/26/2007	ID# 5683 CK#	DANA HAAR 2050 590TH ST NEWELL, IA 50568		75.00	<input type="checkbox"/>

SUB-TOTAL

\$ 900.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWA TURKEY FEDERATION PAC

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10/2/2007	ID# 6316 CK#	DANIEL ROEDER 2598 QUAIL AVE ARTHUR, IA 51431		\$50.00	<input type="checkbox"/>
12/19/2007	ID# 161 CK#	DAVE SCHNACK 704 FAIRWAY DR MILFORD, NE 68405		300.00	<input type="checkbox"/>
12/10/2007	ID# CASH CK#	DAVID KEIR 414 N FULTON NEWELL, IA 50568		100.00	<input type="checkbox"/>
9/26/2007	ID# 4614 CK#	EDWIN HERSHBERGER 2621 520TH ST SW KALONA, IA 52247		50.00	<input type="checkbox"/>
11/26/2007	ID# 1868 CK#	GLENN ELZEY 2121 BROWN DEER ROAD CORALVILLE, IA 52241		100.00	<input type="checkbox"/>
11/5/2007	ID# CASH CK#	GLENN SCHULTZ 167 STONEY POINT STORM LAKE, IA 50588		25.00	<input type="checkbox"/>
12/10/2007	ID# 1761 CK#	GLENN SCHULTZ 167 STONEY POINT STORM LAKE, IA 50588		100.00	<input type="checkbox"/>
11/8/2007	ID# 4261 CK#	GREG GILLIS 307 E 18TH STREET SPENCER, IA 51301		150.00	<input type="checkbox"/>
12/21/2007	ID# 154 CK#	GRETТА IRWIN 103 CEDAR STREET BOONE, IA 50036		40.00	<input type="checkbox"/>
	ID# CK#	INTEREST EARNED ON BANK ACCT JANUARY - DECEMBER 31, 2007		18.67	<input type="checkbox"/>

SUB-TOTAL

\$ 933.67

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

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10/29/2007	ID# 1334 CK#	JILL ALTRINGER 104 NW PRAIRIE DR GRIMES, IA 50111		\$50.00	<input type="checkbox"/>
10/8/2007	ID# 2450 CK#	JOHN VOLKMAN 3569 OLSEN AVE JEWELL, IA 50130		50.00	<input type="checkbox"/>
9/17/2007	ID# 3342 CK#	JON WIDMER 2325 290TH ST WASHINGTON, IA 52353		100.00	<input type="checkbox"/>
10/8/2007	ID# 1471 CK#	KEITH TROYER 1684 JOHNSON KALONA, IA 52247		100.00	<input type="checkbox"/>
11/26/2007	ID# 5444 CK#	LARRY DALLUGE BOX 312 GRAFTON, IA 50440		100.00	<input type="checkbox"/>
9/26/2007	ID# 2373 CK#	LAVONNE KLOPFENSTEIN 7838 X AVENUE WINFIELD, IA 52659		100.00	<input type="checkbox"/>
12/21/2007	ID# 852 CK#	MARK BOSHART 1593 HWY 78 MT PLEASANT, IA 52641		300.00	<input type="checkbox"/>
9/26/2007	ID# 5602 CK#	MARK DORENBUSH 2699 300TH ST JEWELL, IA 50130		100.00	<input type="checkbox"/>
11/5/2007	ID# CASH CK#	MARK DORENBUSH 2699 300TH ST JEWELL, IA 50130		35.00	<input type="checkbox"/>
11/8/2007	ID# 2744 CK#	MARK GILLIS 307 E 18TH ST SPENCER, IA 51301		150.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1,085.00

**TOTAL (if last page of this schedule)**

\$

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(for Schedule A)

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

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12/10/2007	ID# 1031 CK#	MARK STUCKEL 1012 OAK LANE STORM LAKE, IA 50588		\$100.00	<input type="checkbox"/>
10/8/2007	ID# 4036 CK#	MICHAEL KUETHE 2926 MCCLOUD AVE FREDRICKSBURG, IA 50630		100.00	<input type="checkbox"/>
11/5/2007	ID# 3382 CK#	MICHAEL ROTH 507 WEST MAIN ST WAYLAND, IA 52654		150.00	<input type="checkbox"/>
12/10/2007	ID# 4151 CK#	MICHAEL WESTPHAL 405 W LAKESHORE DR STORM LAKE, IA 50588		100.00	<input type="checkbox"/>
9/18/2007	ID# CASH CK#	NATHAN HILL 3260 VAIL AVE ELLSWORTH, IA 50075		50.00	<input type="checkbox"/>
9/18/2007	ID# 5113 CK#	NATHAN HILL 3260 VAIL AVE ELLSWORTH, IA 50075		350.00	<input type="checkbox"/>
12/27/2007	ID# 157 CK#	NATHAN HILL 3260 VAIL AVE ELLSWORTH, IA 50075		110.00	<input checked="" type="checkbox"/>
11/26/2007	ID# 8274 CK#	NOEL THOMPSON 3065 UBBEN AVE ELLSWORTH, IA 50075		100.00	<input type="checkbox"/>
9/26/2007	ID# 4927 CK#	PAM LARSON 3286 TOLLMAN AVE ELLSWORTH, IA 50075		100.00	<input type="checkbox"/>
12/19/2007	ID# 155 CK#	PAM LARSON 3286 TOLLMAN AVE ELLSWORTH, IA 50075		120.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1,280.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWA TURKEY FEDERATION PAC

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9/26/2007	ID# 8296 CK#	PATRICIA DAUFELDT 1307 HWY 6 WEST LIBERTY, IA 52776		\$50.00	<input type="checkbox"/>
11/5/2007	ID# CASH CK#	PAUL HILL 3025 310TH ST ELLSWORTH, IA 50075		50.00	<input type="checkbox"/>
12/10/2007	ID# CK# CASH	PAUL HILL 3025 310TH ST ELLSWORTH, IA 50075		100.00	<input type="checkbox"/>
12/19/2007	ID# 159 CK#	PAUL HILL 3025 310TH ST ELLSWORTH, IA 50075		220.00	<input type="checkbox"/>
12/10/2007	ID# 9118 CK#	PAUL MARTIN 1805 YUMA LANE GRANGER, IA 50109		185.00	<input type="checkbox"/>
10/2/2007	ID# 8759 CK#	PHILLIP BOSHART 1478 130TH ST WAYLAND, IA 52654		50.00	<input type="checkbox"/>
10/8/2007	ID# 3464 CK#	RANDY OLSON 2989 315TH ST ELLSWORTH, IA 50075		100.00	<input type="checkbox"/>
11/5/2007	ID# CASH CK#	RANDY OLSON 2989 315TH ST ELLSWORTH, IA 50075		70.00	<input type="checkbox"/>
11/5/2007	ID# CASH CK#	RICK ROBERTS 7636 W 149TH ST OVERLAND PARK, KS 66223		25.00	<input type="checkbox"/>
9/26/2007	ID# 6593 CK#	ROBERT ACHEN 1469 130TH ST WAYLAND, IA 52654		250.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1,100.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

IOWA TURKEY FEDERATION PAC

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/17/2007	ID# 2490 CK#	RONALD KARDEL 22456 90TH AVE WALCOTT, IA 52773		\$50.00	<input type="checkbox"/>
9/18/2007	ID# 4776 CK#	RONALD KUETHE 417 MAPLE ST SUMNER, IA 50674		50.00	<input type="checkbox"/>
11/5/2007	ID# CASH CK#	RUSS YODER 1342 BENTON AVE WAYLAND, IA 52654		15.00	<input type="checkbox"/>
10/29/2007	ID# 3191 CK#	SCOTT G OSWALD 517 WEBSTER ST WEBSTER CITY, IA 50595		20.00	<input type="checkbox"/>
11/5/2007	ID# CASH CK#	STEVE BURROWS 106 E 4TH STREET SUMNER, IA 50674		40.00	<input type="checkbox"/>
12/10/2007	ID# 1564 CK#	STEVE BURROWS 106 E 4TH STREET SUMNER, IA 50674		50.00	<input type="checkbox"/>
10/8/2007	ID# 2742 CK#	TIM GRABER 1012 GRAHAM AVE MT PLEASANT, IA 52641		100.00	<input type="checkbox"/>
11/5/2007	ID# CASH CK#	TODD HAMER 216 ASHTON ST GILBERT, IA 50105		25.00	<input type="checkbox"/>
9/26/2007	ID# 3975 CK#	TODD HILL 2967 270TH STREET ELLSWORTH, IA 50075		100.00	<input type="checkbox"/>
12/10/2007	ID# 8320 CK#	VANCE LARSON 1301 RIVERVIEW DRIVE ALMA, WI 54610		150.00	<input type="checkbox"/>

SUB-TOTAL

\$ 600.00

**TOTAL (if last page of this schedule)**

\$5,898.67

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF</b> <b>AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

IOWA TURKEY FEDERATION PAC

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/10/2007	ID# CK# 115	TENDER TOM'S 504 EAST 5TH ST WEST LIBERTY, IA 52776	40 LBS TURKEY TENDERLOINS FOR BILL NORTHEY EVENT	\$ 120.00
10/16/2007	ID# CK# 116	IOWA TURKEY FEDERATION 535 E LINCOLN WAY AMES, IA 50010	BUNS FOR BILL NORTHEY EVENT	10.00
11/26/2007	ID# CK# 117	HOBBY LOBBY AMES, IA 50010	ITEMS FOR PAC AUCTION FUNDRAISER AT 2007 TURKEY DAY	28.02
11/26/2007	ID# CK# 118	HICKORY PARK RESTAURANT AMES, IA 50010	GIFT CERTIFICATE FOR PAC AUCTION FUNDRAISER AT 2007 TURKEY DAY	75.00
12/18/2007	ID# CK# 119	DISCOVERCARD P.O. BOX 15251 WILMINGTON, DE 19886	ITEMS FOR PAC AUCTION - AMERICAN GIRL DOLL, FOOD, ISU ATHLETIC TICKETS	402.96
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 635.98
TOTAL (if last page of this schedule)				\$ 635.98

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

IOWA TURKEY FEDERATION PAC

Reset Form

SCHEDULE  
**E**  
(Rev. 06/97)

IN-KIND  
CONTRIBUTIONS

☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11/15/2007	CAL HALSTEAD 600TH AVENUE ROLAND, IA 50236		6 MN VIKINGS TICKETS	\$ 135.00	<input checked="" type="checkbox"/>
11/15/2007	JASON MCVAY 1134 40TH PL PLEASANTVILLE, IA 50225		UNIV OF IA BASKETBALL TKTS	140.00	<input checked="" type="checkbox"/>
11/15/2007	GREG HOSCH 1209 LAKE DRIVE, LOFT SPIRIT LAKE, IA 51360		BOTTLE OF CROWN ROYAL	25.00	<input checked="" type="checkbox"/>
11/15/2007	PAM LARSON 3286 TOLLMAN AVENUE ELLSWORTH, IA 50075		JOHN DEERE TOY	40.00	<input checked="" type="checkbox"/>
12/3/07	GRETTE IRWIN 103 CEDAR STREET BOONE, IA 50036		COFFEE AND CHOCOLATE	16.00	<input checked="" type="checkbox"/>
12/3/07	SHEILA LARSON 3366 TOLLMAN AVENUE ELLSWORTH, IA 50075		COFFEE AND CHOCOLATE	16.00	<input checked="" type="checkbox"/>
11/15/07	ROBERT WALKER 4225 BRIDGE ST. NEW HAMBURG, ONTARIO, CANADA		MAPLE SYRUP	25.00	<input checked="" type="checkbox"/>
11/15/07	ROBERT WALKER 4225 BRIDGE ST NEW HAMBURG, ONTARIO, CANADA		WINE	20.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 417.00

TOTAL (if last  
page of this  
schedule) \$ 417.00

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)